

National Emergency Medical Services Advisory Council (NEMSAC)
December 1–2, 2016
Executive Summary

Call to Order and Introductions

Mr. Vice Robbins welcomed NEMSAC members and other participants to this meeting. Those present observed a moment of silence in memory of Ken Knipper, an original NEMSAC member. NEMSAC members identified new conflicts of interest.

Federal Interagency Committee on Emergency Medical Services (FICEMS) Update

Dr. Kathryn Brinsfield reported on new contracts to the Redhorse Corporation to help revise the National EMS Agenda for the Future, to Oregon Health & Science University for a systematic literature review of prehospital management of opioid overdose, and to the National Association of State EMS Officials (NASEMSO) for a revision of the National EMS Scope of Practice Model.

Approval of September 7–8, 2016, NEMSAC Meeting Minutes

A motion to approve the minutes of the September 7–8, 2016, NEMSAC meeting, after some editorial corrections are made, carried unanimously.

Federal Liaison Updates

Department of Homeland Security (DHS): Current priorities of the DHS Office of Health Affairs include the update to the *National EMS Agenda for the Future*, support for the passage of the Recognition of EMS Personnel Licensure Interstate Compact (REPLICA) and the DHS Blue Campaign to combat human trafficking, and development of a canine handlers manual.

Department of Transportation (DOT): The revision of the *National EMS Scope of Practice Model* includes a focus on fast-tracking review and activity related to urgent issues and use of narcotic antagonists by EMS providers. The National Highway Traffic Safety Administration (NHTSA) recently published its strategic plan for 2016–2020.

Department of Health and Human Services: The Indian Health Service has a contract to staff its emergency rooms with health-care providers and clerical personnel. The agency recently signed a memorandum of understanding with the Bureau of Indian Affairs on naloxone use.

NEMSAC Committee Updates and Discussion

Innovative Practices of EMS Workforce Committee: In its advisory on recognizing the EMS workforce as essential decision makers within the health care industry, the committee added a footnote explaining that its use of “ambulance service” is consistent with Centers for Medicare & Medicaid Services language and includes all EMS providers. In its nomenclature advisory, the

committee decided to recommend use of a singular term to be identified by the group revising the *National EMS Agenda for the Future*.

Data Integration and Technology Committee: The committee added Health Insurance Portability and Accountability (HIPAA) EMS use cases to show why the issues in its real-time and retrospective universal health information advisory are important. A second advisory calls for FICEMS and its member agencies to develop standardized data managers training and discusses the need to teach data managers how to use the data that are collected.

Patient Care, Quality Improvement, and General Safety Committee: One advisory calls for aligning the Model Trauma System Planning and Evaluation (MTSPE) document with the 2016 National Academies of Science, Engineering, and Medicine (NASEM) national trauma care system report. The committee revised its advisory on successful integration and improvement science in EMS to embrace the triple aim supported by the Institute for Healthcare Improvement. A key recommendation in the advisory on mental health and wellness for EMS providers and public-safety partners is a summit on EMS provider health and wellness.

Provider and Community Education Committee: The advisory for the transition of EMS providers into more formalized education and credentialing now recommends development of additional tiers of paramedic education to yield a formal degree at the associate, baccalaureate, or graduate level. A new recommendation calls for maintaining the current certification pathway as an option for entry-level paramedics. No major changes were made to the advisory to align various national documents with the current practice of EMS medicine. A decision on the advisory on a practice analysis of community paramedics and mobile integrated healthcare systems was tabled because it overlaps with a previous NEMSAC advisory.

Finance and Reimbursement Committee: The committee made no major changes to its advisory on EMS system performance-based funding and reimbursement.

Dr. Krohmer asked NEMSAC to help NHTSA determine which recommendations in the new advisories to address first. NEMSAC agreed to complete an anonymous survey on their rank-order preferences and discuss the rank-ordering further at the April 2017 meeting.

Mr. Robbins, Dr. Braithwaite, and NHTSA staff will develop a standardized structure and format for the advisories, including cross-references to other advisories.

Public Comment

Gary Wingrove of Mayo Clinic Medical Transport and the Paramedic Foundation applauded the proposed new nomenclature. He suggested using this nomenclature in all future NEMSAC advisories and the revised *National EMS Agenda for the Future*. David Finger of the National Volunteer Fire Council thought that the proposed nomenclature changes might not reduce confusion, noting that the term “paramedic” has important legal connotations in many states and is used in ways that are inconsistent with the advisory’s recommendations. Mike Touchstone of the National EMS Management Association pointed out that the goal of the proposed nomenclature change is to make clear that EMS is a singular domain of practice. Donnie Woodyard, Jr., of EMS Compact and Information Systems Development at the National Registry

of Emergency Medical Technicians argued against recommending a specific term for out-of-hospital providers. Joseph Schmider, Texas State EMS Director, asked NEMSAC to note the fiscal impact of any recommended nomenclature.

Dia Gainor, MPA, of NASEMSO suggested that the Patient Care, Quality Improvement, and General Safety Committee review NASEMSO's *Status of State Trauma System Planning and Development* for its advisory on alignment of the MTSPE document with the 2016 NASEM trauma report. Nikia Nudell, MS, of the Paramedic Foundation suggested that NEMSAC use a single voice and consistent terminology in its advisories.

Recognition Ceremony

Mr. Robbins awarded plaques to Ms. Anne Montero, former NEMSAC vice chair, and Mr. John Sinclair, former NEMSAC chair.

NEMSAC Action on Committee Advisories

Committee	Advisory	Voting Result
Innovative Practices of EMS Workforce	Recognizing the EMS Workforce as Essential Decision Makers within the Health Care Industry and Assuring Adequate Fiscal Support	Final approval
	Changing the Nomenclature of Emergency Medical Services is Necessary	Interim approval
Data Integration and Technology	Universal Health Information – Real Time and Retrospective Patient Care Enhancement	Final approval
	Standardized Training for Local Data Managers to Ensure High-Quality Data	Final approval
Patient Care, Quality Improvement, and General Safety	Aligning the MTSPE Document with the 2016 NASEM National Trauma Care System Report	Final approval
	Successful Integration of Improvement Science in EMS	Interim approval
	Mental Health and Wellness for the EMS Provider and Their Partners in Public Safety	Interim approval
Provider and Community Education	Strategy for the Transition of EMS Providers into a More Formalized Educational and Credentialing Process	Final approval
	The Need for Alignment of the 2000 <i>EMS Education Agenda for the Future: A Systems Approach</i> , the 2005 <i>National EMS Core Content</i> , the 2007 <i>National EMS Scope of Practice Model</i> , and the 2009 <i>National EMS Education Standards</i> with the Current Practice of EMS Medicine	Final approval
	A Practice Analysis of Community Paramedics and Mobile Integrated Healthcare Systems: A Method to Determine the Need for a New Specialty Care-Focused Scope of Practice, Education Standard, and Standardized Data Dictionary	Tabled
Finance and Reimbursement	EMS System Performance-Based Funding and Reimbursement Model	Final approval

